

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 11-13-03.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 11/13/03, therefore the following dates of service are not timely: 10/4/02 through 11/8/02.

The Medical Review Division dismissed the medical necessity portion of the medical dispute resolution request since the disputed dates of service that were denied for medical necessity were not submitted timely by the health care provider. Therefore, the file contains unresolved medical fee issues only.

Pursuant to Rule 133.308(s), if an unresolved fee dispute issue exists at the time the Division receives the IRO decision in a dispute, the Division shall then proceed to resolve the medical fee dispute in accordance with Rule 133.307.

On January 16, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 97750 FC for date of service 11/14/02: Review of the requester's and respondent's documentation revealed that neither party submitted copies of EOB's, however, review of the reconsideration HCFA and facsimile cover sheet dated 11/18/02 reflected proof of billing in accordance with Rule 133.308 (f)(3). The disputed service will be reviewed according to the fee guidelines. Reimbursement is recommended in the amount of \$200.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 11/14/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this __21st__ day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division